

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90021 018 ****55.00

DOCUMENT # L04000058359					
1. Entity Name EDWARD C. SAMMONS LLC					
Principal Place of Business 20517 HOMOSASSA COURT LAND O' LAKES, FL 34637 <i>7227 Cleopatra Drive</i>			Mailing Address 20517 HOMOSASSA COURT LAND O' LAKES, FL 34637 <i>SAME</i>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Land O' Lakes FL</i>			City & State		
Zip <i>34637</i>			Country <i>USA</i>		
4. FEI Number <i>401-52-4089</i>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SAMMONS, EDWARD C 20517 HOMOSASSA COURT LAND O' LAKES, FL 34637			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMMONS, EDWARD C 20517 HOMOSASSA COURT LAND O' LAKES, FL 34637 <i>7227 Cleopatra Drive</i> <i>Land O' Lakes</i> <i>34637</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OR 7227 Cleopatra Drive Land O' Lakes, FL 34637	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Edward C Sammons</i>			Date: <i>4/5/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #: <i>813 483-6984</i>		